

SHARED SHELTER ARRANGEMENTS

Client Name:		Case Number:	
Physical Address:		Telephone Number:	
Mailing Address:			

MEAL ARRANGEMENT FOR FOOD STAMPS

List everyone who lives with you (include all family members and roommates).

Name	Relationship to you	Telephone Number	Is this person's name on the shelter's lease?	Does this person buy his/her own food and eat separately from you?	Person's Signature (if over age 18)	Date
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

SHELTER ARRANGEMENT—RENT, ROOM, BOARD, HEAT, UTILITIES, TELEPHONE, ETC.

<ul style="list-style-type: none"> Is your name on the lease for your shelter? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, please complete DFA Form 775 Rental Verification Request or provide a copy of the lease if not on file.)</i> 	<ul style="list-style-type: none"> My portion of rent is \$_____ Monthly / Bi-weekly / Weekly (circle one)
<ul style="list-style-type: none"> I am responsible for a portion of the heating costs separate and apart from my rent: <input type="checkbox"/> Yes <input type="checkbox"/> No 	<ul style="list-style-type: none"> I am responsible for telephone costs separate and apart from my rent: <input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> I am responsible for a portion of the electricity costs separate and apart from my rent: <input type="checkbox"/> Yes <input type="checkbox"/> No 	<ul style="list-style-type: none"> Did you receive fuel assistance in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, please provide copy of approval letter.)</i>

Client Signature

Date